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CONFIRMATION NO. 9507

<b>SERIAL NUMBER</b> 10/625,389	<b>FILING OR 371(c) DATE</b> 07/23/2003 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2152	<b>ATTORNEY DOCKET NO.</b> CE09360i
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**APPLICANTS**  
 Ajaykumar R. Idnani, Schaumburg, IL;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/413,106 09/24/2002 \* (\*)Data provided by applicant is not consistent with PTO records.  
*Yes P.L.*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None P.L.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 03/23/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>P.L.</i>	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 4
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**ADDRESS**  
 22917

**TITLE**  
 Method and apparatus for maintaining SIP contact addresses

<b>FILING FEE RECEIVED</b> 834	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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